

**EPA**

United States  
**Environmental Protection Agency**  
 Washington, DC 20460

☐ **Registration**  
☒ **Amendment**  
☐ **Other**

OPP Identifier Number

**Application for Pesticide - Section I**

1. Company/Product Number <b>33906-10</b>	2. EPA Product Manager <b>Reuben Baris</b>	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) <b>Quizalofop-P-Ethyl MUP Herbicide</b>	PM# <b>Team 25/ Registration Division</b>	
5. Name and Address of Applicant (Include ZIP Code) <b>Nissan Chemical Corporation 5-1, Nihonbashi 2-Chome Chuo-Ku, Tokyo 101-6119 JAPAN</b> <b><u>PLEASE DIRECT ALL CORRESPONDENCE TO</u></b> <b><u>"CONTACT POINT" LISTED BELOW</u></b> <input type="checkbox"/> Check if this is a new address	6. <b>Expedited Review.</b> In accordance with FIFRA Section 3(c)(3) (b)(I), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____	

**Section - II**

<input checked="" type="checkbox"/> Amendment – Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application
<input type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below


**Explanation:** Use additional page(s) if necessary. (For Section I and Section II.)

**APPLICATION FOR ALTERNATE FORMULATION AMENDMENT:  
 ADDITIONAL SUPPLIER FOR ACTIVE INGREDIENT  
 PRIA CATEGORY R351/PRIA FEE \$13,226.00**

**Section - III**

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes* <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Metal	
	If "Yes" Unit Packaging wgt.      No. per container	If "Yes" Package wgt.      No. per container		<input type="checkbox"/> Plastic:	
<b>*Certification must be submitted</b>				<input type="checkbox"/> Glass	
				<input type="checkbox"/> Paper	
				<input type="checkbox"/> Other (Specify)	
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container		5. Location of Label Directions <input type="checkbox"/> On Label <input type="checkbox"/> On labeling accompanying product	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled		<input type="checkbox"/> Other _____			

**Section - IV**

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application)					
Name: <b>Wendy A. McCombie, Lewis &amp; Harrison, LLC</b> <b>2461 S. Clark St., Ste. 710, Arlington, VA 22202</b> <b>wmccombie@lewisharrison.com</b>		Title: <b>US Agent for</b> <b>Nissan Chemical Corporation</b>		Telephone No. (Include Area Code): <b>(202) 393-3903 ext. 111</b>	
<b>Certification</b> I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.					6. Date Application Received <b>(Stamped)</b>
2. Signature 		3. Title: <b>US Agent for Nissan Chemical Corporation</b>			
4. Typed Name <b>Wendy A. McCombie, Lewis &amp; Harrison LLC</b>		5. Date <b>March 18, 2019</b>			